

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <div style="font-size: 1.2em;">09/254344</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2				/			52				
3				/			53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
ITAL D.			9				TOTAL IND.				
ITAL P.			10				TOTAL DEP.				
ITAL AIMS			25				TOTAL CLAIMS				